

## Category: IGO.2 In-Garrison Medical Operations

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## **Area IGO.2.1 Aerospace Medicine Management (formerly EXO.1.5)**

**Introduction**      This section contains all elements related to aerospace medicine management and oversight.

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## **Element IGO.2.1.1 (formerly EXO.1.5.1)**

### **Management of Duty Restrictions for Flying and Special Operations Personnel**

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#### **Evaluation Criteria**

- A flight surgeon reviewed all medical care received by flyers and special operational personnel outside the medical unit (to include air traffic controllers, pararescue airmen, missileers, space operations personnel, special forces jump personnel, etc.), and the reviews were documented appropriately in the medical record
  - A process was in place to ensure specialty referral return documentation was received
  - AF Forms 1042, Medical Recommendation for Flying or Special Operational Duty, correctly documented appropriate aeromedical disposition
  - Documentation showed a mechanism existed to notify members' squadron daily of any change in the aeromedical status of flyers/special operations personnel
  - The Chief and NCOIC of flight medicine signed AF Form 1041, Medical Recommendation for Flying or Special Operational Duty Log, to verify monthly review process
  - Performance was regularly monitored and discussed in an appropriate forum, e.g., Aeromedical Council (AMC) meetings
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#### **Scoring**

- 4: Meets criteria. Programs are efficiently managed and comply with applicable directives.
- 3: Minor deficiency. Minor program deficiencies exist, but are unlikely to compromise mission accomplishment. Examples include, but are not limited to:
  - Insufficient AMC oversight of grounding management program
- 2: Major deficiency. Does not meet some mission requirements. Programs are not effectively managed. Major program deficiencies exist that may significantly impede or limit mission accomplishment. Examples include, but are not limited to:
  - Notification system was ineffective
- 1: Critical deficiency. Does not meet minimum mission requirements. Programs are not adequately managed. Critical program deficiencies exist that may preclude or seriously limit mission accomplishment. Examples include, but are not limited to:
  - Significant number of out-of-clinic medical record entries were not reviewed within the recommended timeframe

- Multiple records contained disqualifying diagnoses without appropriate action

0: Program failure. Does not comply with standards. Programs do not meet the minimum provisions of the element. Adverse mission impact had occurred or was highly likely to occur.

NA: Not scored.

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**Protocol**

P-23 is the pertinent protocol for this element.

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**Inspector  
Contact**

For assistance interpreting this element, please call DSN 246-2426 and request an Air Reserve Component medical manager inspector.

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**Reference(s)**

- AFI 48-101, Aerospace Medical Operations, 11 Jul 94
- AFI 48-123, Medical Examinations and Standards, 22 May 01

## Element IGO.2.1.2 (formerly EXO.1.5.3)

### Flight Medicine Operational Responsibilities

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**Evaluation  
Criteria**

- Documentation showed reasonable allocation of time between clinical and operational duties of assigned flight surgeons, including squadron medical elements (SMEs)
  - Documentation indicated active participation in the following areas by all assigned flight surgeons, including SMEs:
    - Medical staff training, including occupational medicine training, in-service training and medical readiness training
    - Medical support of the flying safety program
    - Occupational shop visits with Bioenvironmental Engineer and/or Public Health personnel
    - Flight surgeon flying hour and aircrew ground training currency
    - Flying/special operations squadron activities (commander's call, squadron senior staff meetings, pre-deployment medical intelligence briefings, etc.)
    - Flight surgeon visits to operational support facilities (e.g., life support facilities, RAPCON, control tower, fire department)
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**Scoring**

- 4: Meets criteria. Programs are efficiently managed and comply with applicable directives.
- 3: Minor deficiency. Minor program deficiencies exist, but are unlikely to compromise mission accomplishment. Examples include, but are not limited to:
  - Educational events occurred sporadically
  - Aeromedical Council minutes reflected inadequate oversight of Team Aerospace activities
- 2: Major deficiency. Does not meet some mission requirements. Programs are not effectively managed. Major program deficiencies exist that may significantly impede or limit mission accomplishment. Examples include, but are not limited to:
  - Industrial shop or public health facility visits occurred sporadically
- 1: Critical deficiency. Does not meet minimum mission requirements. Programs are not adequately managed. Critical program deficiencies exist that may preclude or seriously limit mission accomplishment.
- 0: Program failure. Does not comply with standards. Programs do not meet the minimum provisions of the element. Adverse mission impact had occurred or was highly likely to occur.

NA: Not scored.

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**Protocol**

P-23 is the pertinent protocol for this element.

---

**Inspector  
Contact**

For assistance interpreting this element, please call DSN 246-2426 and request an Air Reserve Component medical manager inspector.

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**Reference(s)**

- AFI 48-101, Aerospace Medical Operations, 11 Jul 94

## Element IGO.2.1.3 (formerly IGO.2.3.6 and EXO.1.5.2)

### Operational Optometry

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#### Evaluation Criteria

##### Operational Optometry:

- Optometric examinations were completed and documented (e.g., visual acuity, intraocular tension, amsler grid testing)
- Spectacle prescriptions were processed efficiently
- A process existed to ensure prompt procurement of gas mask inserts and aviator spectacles for short-notice deployments and other mission requirements
- Cycloplegic exams were appropriately documented
  - The name of the agent, times of drop instillation and time of refraction were noted on the correct form
  - A signed advisory/consent letter was in the medical record
- Evidence of any refractive surgery was documented including LASIK, PRK and radial keratotomy during any optometric examination
- Appropriate education regarding refractive surgery was available
- Ocular medications were properly maintained and secured, as required
- Required cockpit evaluations were performed

##### Aviation Soft Contact Lens (SCL) Program:

- There was effective coordination between flight medicine and optometry sections that included:
  - Prompt identification of newly arrived personnel who wear contact lenses
  - A forum for periodic program status reports (e.g., Aeromedical Council)
  - An accurate database identifying all aviators using soft contact lenses and their follow-up status
- All required optometric evaluations (7 day, 30 day, 6 month, 12 month after initial issue; annually, thereafter) were completed
- Visual acuities were measured with spectacles immediately following removal of contact lenses and documented as part of annual exam
- Members failing to complete required follow-up were notified of exclusion from the SCL program
- Medical records included documentation of the initial contact lens briefing and recurring education of aviators regarding approved cleaning methods, proper use/wear, emergency procedures, proper back-up supply of lenses, mobility concerns, etc.
- Appropriate 30-day abstinence from contact lens use prior to Flying Class I/IA and Enhanced Flying Screening-Medical (EFS-M) examination was documented in the medical record
- SCL-related incidents were reported to the USAF SCL medical surveillance team



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**Scoring**

- 4: Meets criteria. Programs are efficiently managed and comply with applicable directives.
- 3: Minor deficiency. Minor program deficiencies exist, but are unlikely to compromise mission accomplishment.
- 2: Major deficiency. Does not meet some mission requirements. Programs are not effectively managed. Major program deficiencies exist that may significantly impede or limit mission accomplishment. Examples include, but are not limited to:
- At least one patient, requiring cycloplegic refractions, did not have in their medical record a copy of the signed, dated advisory/consent letter
  - No action was taken to remove “overdue” personnel from the SCL program
- 1: Critical deficiency. Does not meet minimum mission requirements. Programs are not adequately managed. Critical program deficiencies exist that may preclude or seriously limit mission accomplishment. Examples include, but are not limited to:
- The database was not effectively utilized to monitor follow-up status for aviators using soft contact lenses
- 0: Program failure. Does not comply with standards. Programs do not meet the minimum provisions of the element. Adverse mission impact had occurred or was highly likely to occur.

NA: Not scored.

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**Protocol**

P-25 is the pertinent protocol for this element.

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**Inspector  
Contact**

For assistance interpreting this element, please call DSN 246-2426 and request an Air Reserve Component medical manager inspector.

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**Reference(s)**

- AFI 44-102, Community Health Management, 1 Nov 99
- AFJI 44-117, Ophthalmic Services, 1 Jan 86
- AFI 48-123, Medical Examinations and Standards, 22 May 01
- AFPAM 48-133, Physical Examination Techniques, 1 Jun 00
- HQ USAF/CV memorandum, Corneal Refractive Surgery for Military Personnel, 20 Aug 03
- HQ AFMOA/SG memorandum, Aircrew Soft Contact Lens (SCL) Program, 15 May 96
- HQ AFRC/SG Memorandum 01-07, Implementation of Reserve Component Periodic Health Assessment (RCPHA), 8 Dec 01
- Air National Guard (ANG) Reserve Component Periodic Health Assessment (RCPHA) Implementation Plan, 1 Aug 02

## Element IGO.2.1.4 (formerly IGO.2.3.11)

### Radiology Services

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**Evaluation  
Criteria**

- All radiographic procedures were performed and interpreted by qualified individuals who were clinically privileged for the procedure
  - Abnormal findings were reported to a physician and followed up to closure
  - Females of childbearing age were screened for pregnancy
  - Radiographic technique charts were posted
    - Skin doses for each procedure performed were documented
  - Assigned personnel wore their dosimeter badges properly
  - Documentation existed to record lifetime exposures of assigned personnel, and results were reviewed by the radiation safety officer
  - Protective, as well as gonad shielding, was available in each room, and protective shielding was checked annually
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**Scoring**

- 4: Meets criteria. Programs are efficiently managed and comply with applicable directives.
- 3: Minor deficiency. Minor program deficiencies exist, but are unlikely to compromise mission accomplishment.
- 2: Major deficiency. Does not meet some mission requirements. Programs are not effectively managed. Major program deficiencies exist that may significantly impede or limit mission accomplishment.
- 1: Critical deficiency. Does not meet minimum mission requirements. Programs are not adequately managed. Critical program deficiencies exist that may preclude or seriously limit mission accomplishment.
- 0: Program failure. Does not comply with standards. Programs do not meet the minimum provisions of the element. Adverse mission impact had occurred or was highly likely to occur.

NA: Not scored.

Note: This element will only be scored in units that perform their own radiographic exams in house (does not consider dental radiography).

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**Protocol**

P-27 is the pertinent protocol for this element.

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**Inspector  
Contact**

For assistance interpreting this element, please call DSN 246-2426 and request an Air Reserve Component medical manager inspector.

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**Reference(s)**

- AFI 44-102, Community Health Management, 1 Nov 99
- AFI 48-125, The US Air Force Personnel Dosimetry Program, 1 Mar 99
- AFI 48-148, Ionizing Radiation Protection, 12 Oct 01

## Element IGO.2.1.5 (formerly IGO.2.3.5)

### Emergency Response: Ambulances & Equipment (ANG only)

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#### Evaluation Criteria

- The ambulance response service for the base complied with all state and local community standards
    - Designed to meet the medical emergencies of the base and community
  - All ambulance response programs had a legal review
  - Standardized and approved USAF emergency medical technician (EMT)-B protocols were used and maintained in the ambulances
  - Locally approved pre-hospital protocols were developed, used and maintained in the ambulances
  - Emergency equipment/supplies were available for use, and at a minimum:
    - Units maintained an automatic external defibrillator and basic airway management equipment
    - 100 percent oxygen delivery system compatible with aviator mask
    - Maps of base and local community
    - Two-way voice communications with medical unit/fire-crash personnel
    - Personal protective equipment for blood and body fluid protection
  - All qualified personnel who may respond as a primary base medical responder were trained to the state and community standards for emergency responders
  - All personnel responding to the flightline:
    - Had been trained in proper procedures for flightline response
    - Had flightline driving privileges and line badges (if required by the installation)
    - Had all appropriate checklists, written guidance and necessary equipment for covering flightline responses in all responding vehicles
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#### Scoring

- 4: Meets criteria. Programs are efficiently managed and comply with applicable directives.
- 3: Minor deficiency. Minor program deficiencies exist, but are unlikely to compromise mission accomplishment. Examples include, but are not limited to:
  - Non-critical supplies were missing or outdated
- 2: Major deficiency. Does not meet some mission requirements. Programs are not effectively managed. Major program deficiencies exist that may significantly impede or limit mission accomplishment. Examples include, but are not limited to:
  - Inadequate flightline training for emergency response personnel
  - Emergency response protocols were inadequate or unavailable

- 1: Critical deficiency. Does not meet minimum mission requirements. Programs are not adequately managed. Critical program deficiencies exist that may preclude or seriously limit mission accomplishment. Examples include, but are not limited to:
- Ambulances or ambulance services did not completely meet operational community needs
  - Critical equipment/supplies were missing or were not properly maintained
- 0: Program failure. Does not comply with standards. Programs do not meet the minimum provisions of the element. Adverse mission impact had occurred or was highly likely to occur.

NA: Not scored.

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**Protocol**

P-34 is the pertinent protocol for this element.

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**Inspector  
Contact**

For assistance interpreting this element, please call DSN 246-2426 and request an Air Reserve Component enlisted inspector.

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**Reference(s)**

- AFI 24-301, Vehicle Operations, 1 Nov 01
- AFI 44-102, Community Health Management, 17 Nov 99
- AFI 44-108, Infection Control Program, 1 Jul 00
- HQ ANG/SG memorandum, ANG Medical Service Function and Emergency Response Capability, 28 May 03

## Element IGO.2.1.6 (formerly EXO.1.6.3)

### Food Safety

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**Evaluation  
Criteria**

- Public Health established an effective food safety program that complied with the 2001 FDA Food Code, DoD and AF guidelines
  - Public Health provided oversight for security, surveillance and receipt inspection programs
    - Public health provided guidance and training to facility supervisors concerning approved source determination, wholesomeness, condition, storage and security requirements
    - Receipt inspections were performed and documented by trained food facility personnel with periodic assessment during sanitation evaluations
    - Potentially hazardous foods were inspected upon receipt for wholesomeness, age at time of delivery, packaging integrity, source approval and sanitary condition of delivery vehicle
    - Unwholesomeness was reported and documented based on appropriate guidelines
  - Inspections of operational rations complied with DoD guidelines
  - Mechanisms were in place to investigate ALFOODACT messages with timely final disposition
  - A written food vulnerability assessment was conducted and formally coordinated with base agencies
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**Scoring**

- 4: Meets criteria. Programs are efficiently managed and comply with applicable directives.
- 3: Minor deficiency. Minor program deficiencies exist, but are unlikely to compromise mission accomplishment.
- 2: Major deficiency. Does not meet some mission requirements. Programs are not effectively managed. Major program deficiencies exist that may significantly impede or limit mission accomplishment.
- 1: Critical deficiency. Does not meet minimum mission requirements. Programs are not adequately managed. Critical program deficiencies exist that may preclude or seriously limit mission accomplishment.
- 0: Program failure. Does not comply with standards. Programs do not meet the minimum provisions of the element. Adverse mission impact had occurred or was highly likely to occur.

NA: Not scored.

<b>Protocol</b>	P-14 is the pertinent protocol for this element.
<b>Inspector Contact</b>	For assistance interpreting this element, please call DSN 246-2426 and request an Air Reserve Component nurse inspector.
<b>Reference(s)</b>	<ul style="list-style-type: none"> <li>• AFPD 48-1, Aerospace Medical Program, 22 Jul 93</li> <li>• AFI 48-101, Aerospace Medical Operations, 11 Jul 94</li> <li>• AFI 48-116, Food Safety Program, 19 Jul 94</li> <li>• Current FDA Food Code (with AF changes)</li> <li>• Directory of Sanitarily Approved Food Establishments for Armed Forces Procurement</li> <li>• DSCP Handbook 4155.2, Appendices A/B/C/H, Apr 01</li> <li>• MIL STD 904, Guidelines for Detection, Evaluation, and Prevention of Pest Infestation of Subsistence, 10 Mar 00</li> <li>• The Joint Receipt Food Inspection Manual, 29 Jan 96</li> <li>• The Joint Surveillance Food Inspection Manual, 10 May 95</li> </ul>



## Element IGO.2.1.7 (formerly EXO.1.6.4)

### Food Facility Sanitation Evaluation and Foodhandler Training

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#### Evaluation Criteria

- Sanitary evaluations documented:
  - Compliance with the Food and Drug and Administration's (FDA) Food Code with Air Force changes (or MIL STD 3006 for locally approved sources)
  - Effectiveness of food safety training by assessing knowledge of food safety principles
  - Receipt inspection and training activities
  - Procurement of foods from approved sources
  - Food storage practices (including signs of deterioration/damage, adulteration/contamination)
  - Execution of Hazard Analysis Critical Control Points (HACCP) based self-inspection programs
- Inspection ratings were commensurate with findings
- Frequency of food facility sanitary inspections were established by the Aeromedical Council (AMC)

#### Public Health:

- Investigated and reported all foodborne and waterborne illness outbreaks to MAJCOM/SGP or equivalent and to the state health department
  - Provided or approved initial food safety and security training for food service employees
  - Provided annual food safety training for food service supervisors
  - Developed and annually conducted in-service training on foodborne illness investigation plans (an actual investigation or larger scale food security exercise also meets this requirement)
  - Coordinated annually with medical unit, services, and support group commanders on the status of the base food safety program (e.g., trend analysis reports, unsatisfactory reports, other food safety items of interest)
  - Approved temporary food service operations were assessed for food security and safety provisions
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#### Scoring

- 4: Meets criteria. Programs are efficiently managed and comply with applicable directives.
- 3: Minor deficiency. Minor program deficiencies exist, but are unlikely to compromise mission accomplishment.
- 2: Major deficiency. Does not meet some mission requirements. Programs are not effectively managed. Major program deficiencies exist that may significantly impede or limit mission accomplishment.

- 1: Critical deficiency. Does not meet minimum mission requirements. Programs are not adequately managed. Critical program deficiencies exist that may preclude or seriously limit mission accomplishment.
- 0: Program failure. Does not comply with standards. Programs do not meet the minimum provisions of the element. Adverse mission impact had occurred or was highly likely to occur.

NA: Not scored.

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**Protocol**

P-14 is the pertinent protocol for this element.

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**Inspector  
Contact**

For assistance interpreting this element, please call DSN 246-2426 and request an Air Reserve Component nurse inspector.

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**Reference(s)**

- AFPD 48-1, Aerospace Medical Program, 22 Jul 93
- AFI 48-101, Aerospace Medical Operations, 11 Jul 94
- AFI 48-116, Food Safety Program, 19 Jul 94
- HQ AFMOA/CC memorandum, Food Security Guidance, 21 Nov 01
- Current FDA Food Code (with AF changes)
- DoD Military Handbook, MIL-HDBK-3006, Guidelines for Auditing Food Establishments, 20 Aug 00

## **Area IGO.2.2 Worker Protection (formerly EXO.1.6)**

**Introduction**      This section contains all elements related to the identification, evaluation and control of workplace hazards.

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<b>Element Identifiers</b>		<b>Worker Protection</b>	
<b>New</b>	<b>Old</b>	<b>Element Title</b>	<b>Page #</b>
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IGO.2.2.6	IGO.2.3.7	Infection Control Program	IGO 2-33
IGO.2.2.7	LDR.3.2.5	Suicide and Violence Awareness Education (AFRC only)	IGO 2-37

## **Element IGO.2.2.1 (formerly EXO.1.6.1)**

### **Bioenvironmental Engineering Occupational Health Program Management**

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#### **Evaluation Criteria**

- The Bioenvironmental Engineer (BE) developed and maintained a master listing of all workplaces included in the BE area of responsibility (including contractor operations requiring support)
  - Shops were assigned to priority categories
  - The BE developed a master shop surveillance schedule based on workplace categorization
  - The BE performed activity-based assessments according to the master schedule
- The BE periodically assessed adherence to the routine surveillance plan and adjusted it as needed
- Summaries of exposures were provided to the occupational health working group for each workplace
  - At a minimum, contained information on exposures above the action level or exposures requiring control
  - Included noise dosimetry results
- The BE produced a written report summarizing the outcome of the special evaluation, plans for additional evaluations and recommended actions to reduce risk and cost
- The BE produced a written report summarizing the outcome of routine surveillance, plans for special surveillance and recommended actions to reduce occupational health risks
- A BE or 7/9-skill level BE technician (where there is no BE) certified the personal protective equipment (PPE) appropriate for each workplace operation or task, and provided a copy of the certified list with each periodic survey report
  - Provided limitations of prescribed PPE such as breakthrough times, abrasion sensitivity, temperature range, etc., related to shops
- The BE determined special surveillance health risk priorities and categories
  - Developed and maintained a master list of special surveillance needs
  - Scheduled and conducted special surveillance tasks according to established priorities
- Air sample results were reported to the affected worker(s) within 15 days of receiving results, unless Occupational Health and Safety Administration (OSHA) required a shorter reporting period
- Workplace supervisors were notified, in writing, within 30 days of hazardous noise exposures
- The BE briefed the status of occupational surveillance, as appropriate, at the Air Force Occupational Safety and Health and Aeromedical Councils as required (e.g., status of the respiratory protection, radiation permits/new uses of radioactive material and risk assessment code programs)

- The BE appropriately conducted evaluations of workplace hazards to support the Fetal Protection Program
- Occupational health-related ECAMP or OHCAMP findings were tracked and resolved

Note: The criteria of this element must be met either through unit personnel and programs or through an actively enforced host-tenant support agreement. The medical unit monitor must monitor the workplace surveillance program even if accomplished by another agency.

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## Scoring

- 4: Meets criteria. Programs are efficiently managed and comply with applicable directives.
- 3: Minor deficiency. Minor program deficiencies exist, but are unlikely to compromise mission accomplishment. Examples include, but are not limited to:
  - The BE met the shop surveillance schedule for 90-95 percent of scheduled category 1 shops
  - The BE met shop surveillance schedules for 80-95 percent of scheduled category 2 shops
  - Workplaces were assigned to priority categories, but criteria for workplace prioritization were not clearly established
  - Medical unit did not monitor implementation of the workplace surveillance program accomplished by another agency
- 2: Major deficiency. Does not meet some mission requirements. Programs are not effectively managed. Major program deficiencies exist that may significantly impede or limit mission accomplishment. Examples include, but are not limited to:
  - The BE met the shop surveillance schedule for 80-89 percent of scheduled category 1 shops
  - The BE met the shop surveillance schedule for 60-79 percent of scheduled category 2 shops
  - Shop assessments were only partially task/process based
  - Workplace categorization did not align with criteria outlined in AFI 48-145
  - There was no clearly established process for scheduling and tracking special surveillance according to established priorities
- 1: Critical deficiency. Does not meet minimum mission requirements. Programs are not adequately managed. Critical program deficiencies exist that may preclude or seriously limit mission accomplishment. Examples include, but are not limited to:
  - The BE met the shop surveillance schedule for less than 80 percent of the category 1 shops

- The BE met the shop surveillance schedule for less than 60 percent of category 2 shops
- There was substantial noncompliance with OSHA or AF regulatory requirements
- There was potential for employee health & safety to be compromised

0: Program failure. Does not comply with standards. Programs do not meet the minimum provisions of the element. Adverse mission impact had occurred or was highly likely to occur.

NA: Not scored.

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**Protocol**

P-24 is the pertinent protocol for this element.

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**Inspector  
Contact**

For assistance interpreting this element, please call DSN 246-2426 and request an Air Reserve Component medical manager inspector.

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**Reference(s)**

- 29 CFR 1960, Subpart D, Occupational Safety & Health Programs, 21 Nov 80
- 29 CFR 1910, Subpart Z, Toxic and Hazardous Substances, 1 Jul 01
- AFI 40-201, Managing Radioactive Materials in the US Air Force, 1 Sep 00
- AFOSH Std 48-8, Controlling Exposure to Hazardous Materials, 1 Sep 97
- AFOSH Std 48-19, Hazardous Noise Program, Mar 94
- AFI 48-101, Aerospace Medical Operations, 11 Jul 94
- AFOSH Std 48-137, Respiratory Protection Program, 1 Nov 98
- AFI 48-145, Occupational Health Program, 1 Apr 99, Chapters 1 and 2
- AFI 91-301, Air Force Occupational and Environmental Safety, Fire Protection, and Health (AFOSH) Program, 1 Jun 96
- AFOSH Std 91-501, Air Force Consolidated Occupational Safety Standard, 16 Sep 02
- HQ AFRC/SGP memorandum, Guidance for Occupational Health Working Groups, 3 Jul 01

## **Element IGO.2.2.2 (formerly EXO.1.6.2)**

### **Bioenvironmental Engineering Special Surveillance Programs**

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#### **Evaluation Criteria**

- Bioenvironmental Engineer (BE) established a base-wide respiratory protection (RP) program
  - Maintained a master respirator inventory
  - Clearly reported to shops if respirators are required or recommended
  - Documented reasoning for respirator selection on AF Form 2773, Respirator Selection Worksheet
  - Determined change schedule for filters, canisters and cartridges based on objective information or data
  - Assisted workplaces in developing appropriate RP operating instructions (OIs), and reviewed and approved the OIs annually
  - Established an effective procedure to ensure workers had received medical evaluations before fit testing
  - Established a procedure to ensure respirator fit tests are carried out for each wearer of a tight-fitting respirator at least once every 12 months or as required by a substance specific Occupational Safety and Health Administration (OSHA) standard
  - Reviewed and reported the status of the base respiratory protection program in writing to the Aeromedical Council (AMC) and the base Air Force Occupational Safety and Health (AFOSH) Council (or equivalent) annually
- Radiation Safety Officer (RSO) established a wing instruction outlining the base ionizing radiation protection program to keep exposures as low as reasonably achievable (ALARA) (e.g., surveys, dosimetry, training, leak tests, inventories, public dose assessments, facility design/layout/area classification and RAM shipping, receiving, recycling and disposal, exposure control activities/monitoring/surveillance activities, personnel dosimetry, and non-Air Force organizations using radioactive materials on the installation)
  - All required training was performed and documented
  - Appropriate surveillance was accomplished for occupational and general public exposures where radiation producing devices or RAM were operated/stored
  - Personnel thermoluminescent dosimetry (TLD) program documented receipt of TLD information by the worker and evaluated exposures to pregnant females and fetuses
  - Identified personnel with radiation exposures during civilian employment and included monitoring data in the master radiation exposure registry
  - Installation RSO maintained copies of SDRD Form 1527-1, Annual Report of Individual Occupational Exposures to Ionizing Radiation, for 5 years
  - SDRD Forms 1527-1 were filed in the individual's outpatient medical record annually
- Procedures ensured identification of chemical hazards within the workplace
  - The BE actively participated in the HAZMAT process by reviewing AF

- Forms 3952, Chemical Hazardous Material Request/Authorization, for health risks to personnel and evaluating control options
- A comprehensive inventory of all chemical hazards for each workplace was documented on AF Form 2761, Hazardous Materials Management (or equivalent), and periodically validated; key constituents were defined
  - The BE defined regulated areas, as required
    - Appropriate regulated area documentation was maintained by industrial shop and/or BE office

Note: The criteria for this element must be met either through unit personnel and programs or through an actively enforced host-tenant support agreement. The medical unit must monitor the workplace surveillance program even if accomplished by another agency.

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## Scoring

- 4: Meets criteria. Programs are efficiently managed and comply with applicable directives.
- 3: Minor deficiency. Minor program deficiencies exist, but are unlikely to compromise mission accomplishment. Examples include, but are not limited to:
  - Medical unit did not monitor workplace surveillance program accomplished by another agency
- 2: Major deficiency. Does not meet some mission requirements. Programs are not effectively managed. Major program deficiencies exist that may significantly impede or limit mission accomplishment. Examples include, but are not limited to:
  - Fit testing did not include the 8 exercise protocols required by OSHA
  - Incomplete data limited ability to assess exposures and comply with OSHA or Nuclear Regulatory Commission standards
- 1: Critical deficiency. Does not meet minimum mission requirements. Programs are not adequately managed. Critical program deficiencies exist that may preclude or seriously limit mission accomplishment. Examples include, but are not limited to:
  - Little or no evidence that a respiratory protection program existed
  - Substantial noncompliance with OSHA, Nuclear Regulatory Commission or Air Force regulatory requirements
- 0: Program failure. Does not comply with standards. Programs do not meet the minimum provisions of the element. Adverse mission impact had occurred or was highly likely to occur.

NA: Not scored.



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<b>Protocol</b>	P-24 is the pertinent protocol for this element.
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<b>Inspector Contact</b>	For assistance interpreting this element, please call DSN 246-2426 and request an Air Reserve Component medical manager inspector.
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<b>Reference(s)</b>	<ul style="list-style-type: none"><li>• DoDD 6055.5-M, Occupational Medical Surveillance Manual, May 98</li><li>• AFI 32-7086, Hazardous Materials Management, 1 Aug 97</li><li>• AFI 40-201, Managing Radioactive Materials in the US Air Force, 1 Sep 00</li><li>• AFOSH Std 48-8, Controlling Exposure to Hazardous Materials, 1 Sep 97</li><li>• AFOSH Std 48-19, Hazardous Noise Program, Mar 94</li><li>• AFI 48-125, The US Air Force Personnel Dosimetry Program, 1 Mar 99</li><li>• AFOSH Std 48-137, Respiratory Protection Program, 1 Nov 98</li><li>• AFI 48-148, Ionizing Radiation Protection, 12 Oct 01</li><li>• AFOSH Std 161-2, Industrial Ventilation, 1 Sep 97</li><li>• HQ AFRC/SGP memorandum, Guidance for Occupational Health Working Groups, 3 Jul 01</li></ul>
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## **Element IGO.2.2.3 (formerly IGO.2.1.1 and IGO.2.1.2)**

### **Occupational Health Medical Examinations (OHME)**

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#### **Evaluation Criteria**

- Documentation reflected an integrated team approach (Occupational Health Working Group [OHWG] or Aeromedical Council [AMC]) in providing professional oversight of the occupational health program
  - OHWG members were appointed in writing
  - A physician was appointed in writing as the occupational health consultant by the unit commander
- BE summary of exposures provided to the OHWG for each workplace contained, at minimum, information on exposures above the action level or exposures requiring control
- Justification for occupational medical examinations was documented
  - Occupational Health and Safety Administration (OSHA), Air Force Occupational Safety and Health (AFOSH), or NFPA 1582 mandated medical surveillance was referenced
- There was consistency of medical monitoring for shops/processes/workers with similar exposures/hazards
- Shop survey, OHWG review, and occupational health medical examination schedules were coordinated so that examinations of workers were based on accurate, current data
- All participants in the occupational health process used forms with current data (e.g., public health [PH], physical exam section, bioenvironmental engineer [BE] and worker's medical records) contained the same current version of AF Form 2755, Master Workplace Exposure Data Summary, or equivalent document
- There was an active industrial shop visit program utilizing a team approach with a flight medicine provider, BE and PH personnel involved to target critical shops
- The OHWG established worker education requirements and communicated them to supervisors
- Supervisors and commanders were regularly notified of occupational exam completion rates
- OHMEs were performed IAW locally established DD Form 2766, Adult Preventive and Chronic Care Flowsheet, protocols
- Preplacement exams were done within 60 days of starting work or prior to potentially hazardous exposures in the shop
- OHMEs were documented in the medical record
  - All positive responses on worker health histories were explained and evaluated as appropriate
  - Occupational and recreational exposure history was assessed
  - Completed medical evaluation questionnaires (29CFR 1910.134, Appendix C) were present in the medical records of workers covered under the respiratory protection program

- A credentialed provider documented review and interpretation of all lab/test results in the member's medical record
- Workers were notified of the results of their occupational exam
- Follow-up of abnormal OHMEs (including audiograms) was documented through closure
  - Abnormal OHME follow-up was accomplished IAW applicable administrative and clinical guidelines
  - Abnormal OHME follow-up activities were documented in the medical record
- OHME currency rate (total number of workers who had OHME / total number of workers requiring OHME within the time period specified on the AF Form 2766) exceeded 90% monthly

Note: The criteria of this element must be met either through unit personnel and programs or through an actively enforced host-tenant support agreement. The medical unit must monitor the occupational medicine program even if accomplished by another agency.

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## Scoring

- 4: Meets criteria. Programs are efficiently managed and comply with applicable directives.
- 3: Minor deficiency. Minor program deficiencies exist, but are unlikely to compromise mission accomplishment. Examples include, but are not limited to:
  - Not all required OHMEs had been accomplished
  - Medical unit did not monitor implementation of the occupational health medicine program when accomplished by another agency
- 2: Major deficiency. Does not meet some mission requirements. Programs are not effectively managed. Major program deficiencies exist that may significantly impede or limit mission accomplishment. Examples include, but are not limited to:
  - A considerable number of OHMEs had not been accomplished within the required timeframe
  - Inconsistencies in shop visits, medical monitoring, multidisciplinary coordination potentially compromised employee health
  - The OHWG or AMC did not provide professional oversight of occupational health programs
- 1: Critical deficiency. Does not meet minimum mission requirements. Programs are not adequately managed. Critical program deficiencies exist that may preclude or seriously limit mission accomplishment. Examples include, but are not limited to:
  - A significant number of OHMEs had not been accomplished within the required timeframe

- Failure to address or follow up on abnormal findings during OHME
- AF Forms 2755 were not current
- There was substantial noncompliance with OSHA or Air Force regulatory requirements

0: Program failure. Does not comply with standards. Programs do not meet the minimum provisions of the element. Adverse mission impact had occurred or was highly likely to occur.

NA: Not scored.

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**Protocol**

P-24 is the pertinent protocols for this element.

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**Inspector  
Contact**

For assistance interpreting this element, please call DSN 246-2426 and request an Air Reserve Component medical manager inspector.

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**Reference(s)**

- DoD 6055.5-M, Occupational Medical Surveillance Manual, May 98
- AFD 48-1, Aerospace Medical Program, 22 Jul 93
- AFOSH 48-8, Controlling Exposure to Hazardous Materials, 1 Sep 97
- AFI 48-101, Aerospace Medical Operations, 11 Jul 94
- AFI 48-123, Medical Examinations and Standards, 22 May 01, Chapter 17
- AFOSH Std 48-137, Respiratory Protection Program, 1 Nov 98
- AFI 48-145, Occupational Health Program, 1 Apr 99
- AFI 91-301, Air Force Occupational and Environmental Safety, Fire Protection, and Health (AFOSH) Program, 1 Jun 96
- National Fire Protection Association (NFPA) standard 1582, Medical Requirements for Fire Fighters, 2000 Edition
- 29 CFR 1910.95 Section 8, Occupational Noise Exposure, Follow-up Procedures, 1 Jul 02
- HQ AFMOA/CC memorandum, AFI 48-20, Interim Guidance, 7 Apr 00
- HQ AFRC/SGP memorandum, Guidance for Occupational Health Working Groups, 3 Jul 01

## Element IGO.2.2.4 (formerly IGO.2.1.3)

### Hearing Conservation Program (HCP) — Clinical Aspects

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#### Evaluation Criteria

- Individuals with standard threshold shifts (STS) were referred for hearing protection reeducation and refitting at the initial examination showing a STS
  - All individuals with permanent threshold shifts (PTS) were referred to an audiologist
  - Civilian and DoD referral audiology evaluations were comparable to hearing conservation diagnostic center (HCDC) or hearing conservation center (HCC) evaluations
  - Evaluations were sufficient to eliminate conductive or retrocochlear pathology
- Fitness and risk determinations were performed when indicated
- Automated audiometry equipment was calibrated before use, and data was submitted to the Defense Occupational Environmental Health Readiness System (DOEHRS) data repository on a monthly basis
- A tracking mechanism existed to ensure STS follow-up
- The interval between initial STS and completion of follow-up testing was no more than 90 days
- Written notification of the STS was provided to the patient within 21 days
- AF Form 1753, Hearing Conservation Examination, was completed upon initial entry into the HCP and when an STS persisted upon completion of follow-up testing; form contained all required signatures

Note: The criteria of this element must be met either through unit personnel and programs or through an actively enforced host-tenant support agreement. The medical unit must monitor the hearing conservation program even if accomplished by another agency.

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#### Scoring

- 4: Meets criteria. Programs are efficiently managed and comply with applicable directives.
- 3: Minor deficiency. Minor program deficiencies exist, but are unlikely to compromise mission accomplishment. Examples include, but are not limited to:
  - Medical unit did not monitor implementation of the hearing conservation program when accomplished by another agency
- 2: Major deficiency. Does not meet some mission requirements. Programs are not effectively managed. Major program deficiencies exist that may significantly impede or limit mission accomplishment. Examples include, but are not limited to:

- There were at least two workers whose follow-up was not completed within 30 days of the annual audiogram (90 days for traditional reserve component members)
- There were at least two workers without evidence of reeducation or refitting at the time of the initial threshold shift

1: Critical deficiency. Does not meet minimum mission requirements. Programs are not adequately managed. Critical program deficiencies exist that may preclude or seriously limit mission accomplishment. Examples include, but are not limited to:

- There were at least 3-5 workers whose follow-up was not completed within 30 days of the annual audiogram (90 days for traditional reserve component members)
- There were 3-5 workers without evidence of re-education/refitting at the time of the initial threshold shift

0: Program failure. Does not comply with standards. Programs do not meet the minimum provisions of the element. Adverse mission impact had occurred or was highly likely to occur.

NA: Not scored.

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**Protocol**

P-24 is the pertinent protocols for this element.

---

**Inspector  
Contact**

For assistance interpreting this element, please call DSN 246-2426 and request an Air Reserve Component medical manager inspector.

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**Reference(s)**

- DoDI 6055.5-M, Occupational Medical Surveillance Manual, May 98
- AFOSH 48-19, Hazardous Noise Program, Mar 94
- AFELM MED DoD memorandum, Proper Use of AF Form 1753, 16 Oct 00
- 29 CFR 1910.95, Occupational Noise Exposure, 1 Jul 02, (g)(8)(ii) through (g)(8)(ii)(B)
- HQ AFMOA/CC memorandum, AFI 48-20, Interim Guidance, 7 Apr 00
- HQ AFMOA/CC memorandum, Air Reserve Component Hearing Conservation Referral Guidance, 9 Jan 02

## **Element IGO.2.2.5 (formerly IGO.2.1.4)**

### **Reproductive Health/Fetal Protection Program**

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#### **Evaluation Criteria**

- Male and female reproductive hazards were communicated to workers prior to pregnancy
  - Medical providers consulted bioenvironmental engineer (BE) and public health (PH) personnel regarding occupational exposures to potential reproductive hazards in pregnant military personnel, using SF 513, Medical Record – Consultation Sheet (or other suitable form)
  - Supervisors and workers were educated to report pregnancies as soon as possible following confirmation, so that effective reproductive hazard assessments could be accomplished
  - Mechanisms were in place to ensure physical exams section (PES), BE and PH personnel became aware of pregnancy diagnoses as soon as possible after confirmation (at least by the next UTA); hazard assessments were not delayed
    - Pregnant workers were interviewed to assess hazard exposure potential
    - BE exposure assessments targeted specific hazards and information provided was consistent with regulatory guidance and AF technical orders
  - Specific industrial reproductive hazards were addressed to the worker
    - Pregnant workers received individualized fetal protection education soon after diagnosis
    - Pregnant worker education considered occupational and non-occupational environmental risks
  - Profiles reflected recommendations resulting from a current comprehensive hazard assessment
    - Standard (chemical warfare defense ensemble wear, etc.) and targeted (ionizing radiation, chemotherapeutics, lead, etc.) duty restrictions were hazard specific
    - Profiles were generated expediently (one unit training assembly)
  - Duty restrictions were coordinated with the pregnant worker, her supervisor and the attending provider
  - Reproductive health/fetal protection activities were documented (while tracking logs, computer databases and worksheets are important to management of this program, continuity of care must be clearly discernible in the medical record)
  - Adherence to standard of care was clearly discernible in the medical record
- 

#### **Scoring**

- 4: Meets criteria. Programs are efficiently managed and comply with applicable directives.
- 3: Minor deficiency. Minor program deficiencies exist, but are unlikely to compromise mission accomplishment.

- 2: Major deficiency. Does not meet some mission requirements. Programs are not effectively managed. Major program deficiencies exist that may significantly impede or limit mission accomplishment.
- 1: Critical deficiency. Does not meet minimum mission requirements. Programs are not adequately managed. Critical program deficiencies exist that may preclude or seriously limit mission accomplishment.
- 0: Program failure. Does not comply with standards. Programs do not meet the minimum provisions of the element. Adverse mission impact had occurred or was highly likely to occur.

NA: Not scored.

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**Protocol**

P-24 is the pertinent protocol for this element.

---

**Inspector  
Contact**

For assistance interpreting this element, please call DSN 246-2426 and request an Air Reserve Component medical manager inspector.

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**Reference(s)**

- AFI 44-102, Community Health Management, 1 Nov 99
- AFI 48-125, The US Air Force Personnel Dosimetry Program, 1 Mar 99
- AFI 48-145, Occupational Health Program, 1 Apr 99
- AFRCI 41-104, Pregnancy of Air Force Reserve Personnel, 20 Dec 96
- ANGI 40-104, Pregnancy of Air National Guard Personnel, 10 May 02



## **Element IGO.2.2.6 (formerly IGO.2.3.7)**

### **Infection Control Program**

As part of an evaluation of the infection control program, inspectors will evaluate several pieces: Infection Control Plan, Bloodborne Pathogen Control Plan and Tuberculosis (TB) Infection Control Plan. The Infection Control Committee may consider integrating several plans into one user-friendly document.

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#### **Evaluation Criteria**

- The following personnel were appointed in writing by the commander:
  - Infection control officer (ICO)
  - Infection control chairperson (physician or dentist)
- The Infection Control Program is monitored by the Infection Control Committee (ICC) or Infection Control Review Function (ICRF)
- Executive Management Committee (EMC) provided oversight for IC activities (e.g., EMC minutes, ICC/ICRF reports)
- ICC/ICRF is a multidisciplinary group (e.g., flight medicine, immunizations, ICO, public health, etc.) that coordinates all activities related to surveillance, prevention and control of infection
- ICO submitted Infection Control Annual Plan to ICC/ICRF/EMC for annual review
- Consideration and implementation of appropriate, commercially available and effective safer medical devices designed to eliminate or minimize occupational exposure was documented annually
- Initial and periodic training was conducted for at-risk personnel in IC principles, tuberculosis (TB) exposure control guidelines and bloodborne pathogen exposure prevention
  - Training was documented

#### **Infection Control:**

- Annual infection control plan addressed:
  - Scope of the IC program for the unit's mission, as appropriate
  - Planned surveillance activities and reporting mechanisms (e.g., what is being surveyed, projected schedule, surveillance methodology)
  - Orientation and training requirements for assigned personnel
  - Quality initiatives and improvements
  - Resources required to implement the plan
  - Oversight mechanisms/responsibilities for all section-level IC policy and guidance for the unit's mission, as appropriate
- Surveillance activities were accomplished as outlined/described in the infection control plan
  - Personal protective equipment (PPE) was readily available and used
  - Personnel were knowledgeable regarding hazards and unit policies/procedures employed to prevent occupational exposure

**Bloodborne Pathogens:**

- A written exposure control plan (ECP) existed and was reviewed annually
- The bloodborne pathogen ECP addressed:
  - Identification of job classifications at risk for exposure to bloodborne infections
  - Methods employed to prevent occupational exposure
  - Procedures for evaluating exposure incidents
  - Mandate for hepatitis B immunization
  - Initial and recurring exposure control education appropriate for work responsibilities and duties
  - Annual and recurring education requirements
  - Needlestick safety
- Bloodborne pathogen exposure incidents were documented (while tracking logs, computer databases and worksheets are important to management of this program, continuity of care must be clearly discernible in the medical record)
  - Exposure data was trended and reported to the ICC or ICRF

**Tuberculosis:**

- A multidisciplinary group conducted TB risk assessment and developed/implemented written TB exposure control guidelines, which were reviewed annually
  - The TB ECP addressed:
    - How to conduct the TB risk assessment
    - Identification of at-risk personnel
    - Initial and recurring TB education appropriate for work responsibilities and duties
    - Mandate for TB skin testing
    - Appropriate PPE
    - Procedures for handling TB skin test reactors
    - Other control measures, as appropriate
  - Members demonstrating a positive TB skin test were appropriately followed-up
  - Continuity of care must be clearly discernible in the medical record
- 

**Scoring**

- 4: Meets criteria. Programs are efficiently managed and comply with applicable directives.
- 3: Minor deficiency. Minor program deficiencies exist, but are unlikely to compromise mission accomplishment. Examples include, but are not limited to (if more than one of the following exists, it will affect the severity of the score):
  - No multidisciplinary ICC/ICRF existed
  - No EMC oversight of IC program
  - Required training was not documented

- Inadequate surveillance activities
- 2: Major deficiency. Does not meet some mission requirements. Programs are not effectively managed. Major program deficiencies exist that may significantly impede or limit mission accomplishment. Examples include, but are not limited to:
- Required training was not accomplished
  - Lack of follow-up/oversight of medical care when indicated
  - Inadequate ECPs
- 1: Critical deficiency. Does not meet minimum mission requirements. Programs are not adequately managed. Critical program deficiencies exist that may preclude or seriously limit mission accomplishment.
- 0: Program failure. Does not comply with standards. Programs do not meet the minimum provisions of the element. Adverse mission impact had occurred or was highly likely to occur.

NA: Not scored.

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**Protocol**

P-11 is the pertinent protocol for this element.

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**Inspector  
Contact**

For assistance interpreting this element, please call DSN 246-2426 and request an Air Reserve Component nurse inspector.

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**Reference(s)**

- AFI 44-108, Infection Control Program, 1 Jul 00
- AFJI 48-110, Immunizations and Chemoprophylaxis, 1 Nov 95
- AFI 48-115, The Tuberculosis Detection and Control Program, 29 Jun 94
- AFI 48-115, ANG Sup 1, The Tuberculosis Detection and Control Program, 16 July 99
- AFI 91-301, Air Force Occupational and Environmental Safety, Fire Protection, and Health (AFOSH) Program, 1 Jun 96
- OSHA Directive CPL 2.106; CPL 2.106 - Enforcement Procedures and Scheduling for Occupational Exposure to Tuberculosis, 9 Feb 96
- OSHA Compliance Directive CPL 2-2.60; Exposure Control Plan for OSHA Personnel with Occupational Exposure to Bloodborne Pathogens, 7 Mar 94
- OSHA Regulation 29 CFR, Chapter 17, Part 1910.1030, Bloodborne Pathogens, 18 Jan 01
- OSHA Regulation 29 CFR Part 1910, Occupational Exposure to Tuberculosis, 17 Oct 97
- (ASD) HA Policy 01-013, Policy for Needlestick Safety for Health Care Workers, 8 Nov 01

- HQ USAF/SG memorandum, Guidance for MTFs in response to Policy Letter on Needlestick Safety for Health Care Workers (HA Policy 0000013), 18 Nov 01
- HQ ANG/SG Log Letter 01-051, USAF Guidance on Implementing OSHA's Needlestick Safety Policy, 28 Nov 01
- Guideline for Hand Hygiene in Health-Care Settings, 25 Oct 02  
[<http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5116a1.htm>]

## **Element IGO.2.2.7 (formerly LDR.3.2.5)**

### **Suicide and Violence Awareness Education (AFRC only)**

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**Evaluation  
Criteria**

- A plan existed to ensure all military members and civilian employees received annual training in general suicide prevention and violence awareness education
    - The trainer's method of delivery was an in-person briefing and discussion
    - Training included awareness of suicide risk factors, referral procedures and violence awareness training
    - Training included identification, initial management and referral of military members who are believed to be imminently dangerous
  - Units provided metrics to higher headquarters, as required by governing directives
- 

**Scoring**

- 4: Meets criteria. Programs are efficiently managed and comply with applicable directives.
- 3: Minor deficiency. Minor program deficiencies exist, but are unlikely to compromise mission accomplishment.
- 2: Major deficiency. Does not meet some mission requirements. Programs are not effectively managed. Major program deficiencies exist that may significantly impede or limit mission accomplishment.
- 1: Critical deficiency. Does not meet minimum mission requirements. Programs are not adequately managed. Critical program deficiencies exist that may preclude or seriously limit mission accomplishment. Examples include, but are not limited to:
  - Training did not include an in-person briefing/discussion
  - Unit was not on-track to meet required training goal
  - Annual training plan was not clearly established
- 0: Program failure. Does not comply with standards. Programs do not meet the minimum provisions of the element. Adverse mission impact had occurred or was highly likely to occur.

NA: Not scored.

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**Protocol**

P-5 is the pertinent protocol for this element.

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**Inspector  
Contact**

For assistance interpreting this element, please call DSN 246-2426 and request an Air Reserve Component team chief.

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**Reference(s)**

- AFI 44-102, Community Health Management, 17 Nov 99
- AFI 44-109, Military Health and Military Law, 1 Mar 00
- AFI 44-154, Suicide and Violence Prevention Education and Training, 3 Jan 03
- AFPAM 44-160, The Air Force Suicide Prevention Program, 1 Apr 01
- AFRCI 44-101, Suicide Prevention and Violence Awareness Education, 14 Jul 00
- ANGI 36-103, Suicide Prevention Program, 5 Jun 98
- HQ AFMOA/CC memorandum, SESS, 30 Oct 98

## **Area IGO.2.3 Clinical Services**

**Introduction**      This section contains all elements related to clinical services and support activities.

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<b>Element Identifiers</b>		<b>Clinical Services</b>	
<b>New</b>	<b>Old</b>	<b>Element Title</b>	<b>Page #</b>
IGO.2.3.1		Nursing Services Operational Responsibilities	IGO 2-40
IGO.2.3.2	IGO.2.3.3	Medication Management	IGO 2-42
IGO.2.3.3	IGO.2.3.4	Laboratory Services	IGO 2-44
IGO.2.3.4	IGO.2.3.2	Health Records Management	IGO 2-46
IGO.2.3.5	IGO.2.2.1	Management and Control of Dental Health Records	IGO 2-49
IGO.2.3.6	IGO.2.2.2 IGO.2.2.3	Periodic Dental Examinations and Documentation	IGO 2-51
IGO.2.3.7	IGO.2.3.8	Credentials and Privileging	IGO 2-53
IGO.2.3.8	IGO.2.3.9	Abeyance, Inquiry/Investigation & Adverse Actions	IGO 2-55

## Element IGO.2.3.1

### Nursing Services Operational Responsibilities

---

#### Evaluation Criteria

- Chief Nurse (CN) was a member of the Executive Management Committee and collaborated with members in policy and decision-making
  - CN planned/coordinated oversight and training with the superintendent of nursing services
    - Established a mechanism to implement policies and guidance related to nursing practice
    - Facilitated effective communication with all nursing personnel
  - CN ensured all nursing personnel were competent to perform assigned duties
    - Performed a skills assessment of newly assigned nurses
    - Ensured currency of valid and unrestricted nursing licenses
    - Authenticated at least 180 hours of employment as a registered nurse (RN) for all nurses assigned
    - Ensured national registry of emergency medical technician (NREMT) status was attained and maintained by all medical technicians
    - Ensured all RNs and medical technicians completed appropriate continuing education requirements
  - CN and superintendent worked with supervisors to ensure promotion of professional development in-services, continuing education and career development activities
- 

#### Scoring

- 4: Meets criteria. Programs are efficiently managed and comply with applicable directives.
- 3: Minor deficiency. Minor program deficiencies exist, but are unlikely to compromise mission accomplishment. Examples include, but are not limited to:
  - Deficient oversight of nursing services (e.g., review of policies/procedures, nursing council)
- 2: Major deficiency. Does not meet some mission requirements. Programs are not effectively managed. Major program deficiencies exist that may significantly impede or limit mission accomplishment. Examples include, but are not limited to:
  - Inconsistent verification of nursing licensure and civilian employment
- 1: Critical deficiency. Does not meet minimum mission requirements. Programs are not adequately managed. Critical program deficiencies exist that may preclude or seriously limit mission accomplishment. Examples include, but are not limited to:



- Members remained in patient care despite lapses in nursing licenses or NREMT certification
- Failure to complete competency assessments

0: Program failure. Does not comply with standards. Programs do not meet the minimum provisions of the element. Adverse mission impact had occurred or was highly likely to occur.

NA: Not scored.

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**Protocol**

P-7 is the pertinent protocol for this element.

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**Inspector  
Contact**

For assistance interpreting this element, please call DSN 246-2426 and request an Air Reserve Component nurse inspector.

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**Reference(s)**

- AFMAN 36-2105, Officer Classification, 30 Apr 03
- AFMAN 36-2108; Enlisted Classification, 30 Apr 02
- AFI 36-2115, Assignments Within the Reserve Components, 1 Oct 97
- AFI 41-117, Medical Service Office Education, 23 Apr 01
- AFI 44-119; Clinical Performance Improvement, 4 Jun 01
- AFD 46-1; Nursing Services, 1 Sep 00
- AFI 46-101, Nursing Operations, 25 Jul 94
- AFI 46-102, Nursing Care, 1 Jul 95
- 4NOX1 CFETP, Part II Sect E, Oct 02
- Guidelines for Air Force Nurse Corps Continuing Nursing Education, June 02  
[[http://afas.afpc.randolph.af.mil/medical/Nurse\\_Corps/Nurse\\_Ed.htm](http://afas.afpc.randolph.af.mil/medical/Nurse_Corps/Nurse_Ed.htm)]
- USAF NC CONTINUING EDUCATION APPROVAL AND RECOGNITION PROGRAM (CEARP) (posted 18 Nov 2002)

## Element IGO.2.3.2 (formerly IGO.2.3.3)

### Medication Management

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**Evaluation  
Criteria**

- All medications are stored in a controlled non-traffic area under secure conditions
  - Local policy identified individuals with access to secured areas
  - A process existed for identifying drugs and replacing stock before expiration
  - Developed and maintained a formulary/medication list that identified medications required for emergency response, medical support to wing deployments and diagnostic pharmaceuticals required in the performance of physical exams (e.g., topical ophthalmic anesthetic, cycloplegic agents; does not include war reserve materiel drugs)
  - Units established a P & T committee that reviewed and approved the formulary/medication list annually
- 

**Scoring**

- 4: Meets criteria. Programs are efficiently managed and comply with applicable directives.
- 3: Minor deficiency. Minor program deficiencies exist, but are unlikely to compromise mission accomplishment.
- 2: Major deficiency. Does not meet some mission requirements. Programs are not effectively managed. Major program deficiencies exist that may significantly impede or limit mission accomplishment.
- 1: Critical deficiency. Does not meet minimum mission requirements. Programs are not adequately managed. Critical program deficiencies exist that may preclude or seriously limit mission accomplishment.
- 0: Program failure. Does not comply with standards. Programs do not meet the minimum provisions of the element. Adverse mission impact had occurred or was highly likely to occur.

NA: Not scored.

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**Protocol**

P-13 is the pertinent protocol for this element.

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**Inspector  
Contact**

For assistance interpreting this element, please call DSN 246-2426 and request an Air Reserve Component nurse inspector.

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**Reference(s)**

- AFMAN 23-110, Vol 5, Air Force Medical Materiel Management System – General, 1 Oct 03, Chapters 13, 14, 15 and 23
- AFI 44-102, Community Health Management, 17 Nov 99
- HQ ANG/SG Log Letter 03-027, Rescission of ANGI 41-101, Medical Service Function and Emergency Response Capability, dated 31 Mar 1996, 28 May 03

## Element IGO.2.3.3 (formerly IGO.2.3.4)

### Laboratory Services

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**Evaluation  
Criteria**

- Commander designated a Chief, Laboratory Services
  - DoD Clinical Laboratory Improvement Program (DoD-CLIP) certification was current with accurate information
  - Only tests authorized by the CLIP certification were performed
  - Quality control was conducted IAW CLIP and manufacturers' guidelines
  - Written guidelines were in place to direct laboratory operations (e.g., critical/abnormal value reporting procedures)
  - Changes in clinical laboratory name, location or director had been identified (within 30 days) to the AF/SG DoD-CLIP representative
- 

**Scoring**

- 4: Meets criteria. Programs are efficiently managed and comply with applicable directives.
- 3: Minor deficiency. Minor program deficiencies exist, but are unlikely to compromise mission accomplishment. Examples include, but are not limited to:
- Lacked written guidelines to direct laboratory operations
- 2: Major deficiency. Does not meet some mission requirements. Programs are not effectively managed. Major program deficiencies exist that may significantly impede or limit mission accomplishment. Examples include, but are not limited to:
- AF/SG DoD-CLIP representative not notified of changes in clinical laboratory name, location or identified director
- 1: Critical deficiency. Does not meet minimum mission requirements. Programs are not adequately managed. Critical program deficiencies exist that may preclude or seriously limit mission accomplishment. Examples include, but are not limited to:
- DoD-CLIP certification was expired
  - Laboratory tests conducted outside current DoD-CLIP certification scope
- 0: Program failure. Does not comply with standards. Programs do not meet the minimum provisions of the element. Adverse mission impact had occurred or was highly likely to occur.

NA: Not scored.

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<b>Protocol</b>	P-12 is the pertinent protocol for this element.
<b>Inspector Contact</b>	For assistance interpreting this element, please call DSN 246-2426 and request an Air Reserve Component nurse inspector.
<b>Reference(s)</b>	<ul style="list-style-type: none"><li>• AFI 44-102, Community Health Management, 17 Nov 99</li><li>• DoD Clinical Laboratory Improvement Program (CLIP), 24 Sep 02 [<a href="http://www.afip.org/OCLAB/forms/PAM40-242002.pdf">http://www.afip.org/OCLAB/forms/PAM40-242002.pdf</a>]</li></ul>

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## Element IGO.2.3.4 (formerly IGO.2.3.2)

### Health Records Management

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#### Evaluation Criteria

- Local processes and procedures were established to ensure:
  - Medical information was properly safeguarded
  - Disclosure of medical information was appropriate and annotated
  - Limited access to all outpatient records areas to authorized personnel only
  - Consistent use of charge out guides and accurate, complete information on AF Forms 250, Health Record Charge Out Request (or locally developed forms)
  - Release of medical information was accomplished IAW directives
  - Appropriate management of records for personnel referred to outside healthcare providers
  - Appropriate disposition of records for retiring, separating or transferring personnel
  - Appropriate management of outpatient records pre- and post-deployment
  - Mechanism in place to manage records of personnel assigned to geographically separated units (if applicable)
  - Annual inventory conducted
    - All records on file as of 31 March
    - Notified Military Personnel Flight and unit in writing of missing records
    - Established specific time criteria for records return and follow-up actions to retrieve delinquent or missing records
  - Outpatient Health Record file folder was appropriately annotated
    - Ensured patients received notice of privacy practices and documented receipt on health records file folder
- Quality control of outpatient records/information integrity:
  - Ensured minimum 90 percent availability and 95 percent accountability of outpatient records
    - Established local tracking and retrieval procedures which included, at a minimum:
      - Monthly review of charged out records and a methodology to retrieve charged out records
      - Mechanism to regain custody of outpatient records being maintained by the patient
      - Education of staff and patients on the importance and reasons why records must be maintained by the medical unit
  - Established record review function procedures to ensure:
    - Records contents contained accurate and complete patient data
    - Record folders were prepared, filed and maintained IAW directives
  - Unit commander ensured required Health Insurance Portability and Accountability Act (HIPAA) training for ARC members

- Appointed a HIPAA point of contact
  - Ensured successful completion of all HIPAA training modules, prior to going on active duty (AD) status (e.g., annual tour, RPA and MPA orders) to work for a DoD covered entity
- Specific policies and procedures were established for handling documents sent and received IAW the Privacy Act of 1974
  - All facsimile machines used to transmit and receive health information were located in a secure or supervised location
  - Procedures included a process to ensure documents were removed as soon as transmission completed

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## Scoring

- 4: Meets criteria. Programs are efficiently managed and comply with applicable directives.
- 3: Minor deficiency. Minor program deficiencies exist, but are unlikely to compromise mission accomplishment.
- 2: Major deficiency. Does not meet some mission requirements. Programs are not effectively managed. Major program deficiencies exist that may significantly impede or limit mission accomplishment. Examples include, but are not limited to:
  - The health record inventory was completed, but appropriate follow-up processes on missing records were not accomplished
  - Monthly review of charged out health records was not accomplished
  - Health record availability was consistently less than 90 percent and accountability less than 95 percent
  - Procedures were not in place to ensure unit members met HIPAA training requirements
- 1: Critical deficiency. Does not meet minimum mission requirements. Programs are not adequately managed. Critical program deficiencies exist that may preclude or seriously limit mission accomplishment. Examples include, but are not limited to:
  - Procedures were not established to manage outpatient records
  - Health record availability was consistently less than 90 percent and accountability less than 95 percent; procedures and processes were not established to address the problem
  - Annual records inventory was not accomplished
  - Quality control procedures were not established
- 0: Program failure. Does not comply with standards. Programs do not meet the minimum provisions of the element. Adverse mission impact had occurred or was highly likely to occur.

NA: Not scored.

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<b>Protocol</b>	P-29 is the pertinent protocol for this element.
<b>Inspector Contact</b>	For assistance interpreting this element, please call DSN 246-1771/2566 and request an Air Reserve Component enlisted inspector.
<b>Reference(s)</b>	<ul style="list-style-type: none"><li>• DoD 6025.18-R, DoD Health Information Privacy Regulation, 24 Jan 03</li><li>• AFI 33-332, Air Force Privacy Act Program, 8 Nov 00</li><li>• AFI 41-210, Patient Administration Functions, 12 Nov 03</li><li>• AFMAN 37-139, Records Disposition Schedule, 1 Mar 96</li><li>• OASD (HA) memorandum, Custody and Control of Outpatient Medical Records at Department of Defense Military Treatment Facilities, 22 Jul 03</li><li>• OASD (HA) memorandum, Armed Forces Reserve Component Medical Activities under the DoD Health Information Privacy Regulation, 2 Dec 03</li></ul>

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## **Element IGO.2.3.5 (formerly IGO.2.2.1)**

### **Management and Control of Dental Health Records**

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#### **Evaluation Criteria**

- AF Form 2100, Dental Health Record, folders were appropriately maintained, stored and secured
  - The medical unit having custodial responsibility for the records was clearly annotated by attaching a self-adhesive label in the lower right corner on the front of the dental record folder
  - Access to dental records was properly controlled
    - Dental records were allowed out of the record section only in accordance with AF instructions
  - An annual inventory of dental records was accomplished to:
    - Verify dental readiness classification and date of last update
    - Identify and forward retained records of departed personnel
- 

#### **Scoring**

- 4: Meets criteria. Programs are efficiently managed and comply with applicable directives.
- 3: Minor deficiency. Minor program deficiencies exist, but are unlikely to compromise mission accomplishment.
- 2: Major deficiency. Does not meet some mission requirements. Programs are not effectively managed. Major program deficiencies exist that may significantly impede or limit mission accomplishment.
- 1: Critical deficiency. Does not meet minimum mission requirements. Programs are not adequately managed. Critical program deficiencies exist that may preclude or seriously limit mission accomplishment.
- 0: Program failure. Does not comply with standards. Programs do not meet the minimum provisions of the element. Adverse mission impact had occurred or was highly likely to occur.

NA: Not scored.

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#### **Protocol**

P-22 is the pertinent protocol for this element.

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#### **Inspector Contact**

For assistance interpreting this element, please call DSN 246-2426 and request an Air Reserve Component MSC inspector.

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**Reference(s)**

- AFI 41-210, Patient Administration Functions, 12 Nov 03
- AFI 47-101, Managing Air Force Dental Services, 5 May 00

## Element IGO.2.3.6 (formerly IGO.2.2.2 and IGO.2.2.3)

### Periodic Dental Examinations and Documentation

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#### Evaluation Criteria

- Periodic examinations (Type 1 or Type 2) were performed on all AF personnel to assess readiness status
- The periodontal screening and recording (PSR) system was used on all military dental examinations
- Members with significant, unresolved or previously undiscovered medical findings were referred for evaluation
- SF 603, Health Record-Dental / SF 603A, Health Record-Dental Continuation, was appropriately accomplished:
  - Used to record all military dental examinations
  - Used to record all civilian dental examinations as reflected on returned DD Forms 2813, Department of Defense Active Duty/Reserve Forces Dental Examination
  - Contained legible entries
  - Contained only entries SIGNED by the provider
  - Contained only authorized designations and abbreviations
  - Contained properly completed Section I, including items 4 and 5
  - Reflected properly completed charting to accurately document the military examination
  - Contained documents/forms in proper sequence
- AF Form 696, Dental Patient Medical History:
  - Was completed on all patients at the periodic dental examination
  - Was completed if a change in the patient's health status occurred
  - Contained dentist evaluation and documentation of all significant positive entries

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#### Scoring

- 4: Meets criteria. Programs are efficiently managed and comply with applicable directives.
- 3: Minor deficiency. Minor program deficiencies exist, but are unlikely to compromise mission accomplishment.
- 2: Major deficiency. Does not meet some mission requirements. Programs are not effectively managed. Major program deficiencies exist that may significantly impede or limit mission accomplishment.
- 1: Critical deficiency. Does not meet minimum mission requirements. Programs are not adequately managed. Critical program deficiencies exist that may preclude or seriously limit mission accomplishment.
- 0: Program failure. Does not comply with standards. Programs do not meet

the minimum provisions of the element. Adverse mission impact had occurred or was highly likely to occur.

NA: Not scored.

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**Protocol**

P-22 is the pertinent protocol for this element.

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**Inspector  
Contact**

For assistance interpreting this element, please call DSN 246-2426 and request an Air Reserve Component MSC inspector.

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**Reference(s)**

- AFI 47-101, Managing Air Force Dental Services, 5 May 00

## Element IGO.2.3.7 (formerly IGO.2.3.8)

### Credentials and Privileging

<b>Evaluation Criteria</b>	<ul style="list-style-type: none"><li>- A unit credentials program manager/liaison was appointed in writing</li><li>- The provider credential files (PCF) were organized and maintained IAW AFI 44-119, Clinical Performance Improvement</li><li>- SGH maintained responsibility for the medical unit credentials process to include program oversight</li><li>- Professional staff maintained appropriate licensure/certification</li><li>- PCFs were maintained with controlled access</li><li>- Centralized Credentials Quality Assurance System (CCQAS) was implemented, periodically updated</li><li>- Credentials were appropriately primary source verified</li><li>- All providers were appropriately privileged prior to seeing any patients<ul style="list-style-type: none"><li>-- All required documentation was available and reviewed prior to initial award or renewal of privileges</li><li>-- No lapses in privileges occurred between renewal periods</li><li>-- Privileges were acknowledged in writing by the provider concerned</li><li>-- Unit commander approved, modified or disapproved requests for privileges</li></ul></li><li>- Unit commander privileges were awarded by the appropriate privileging authority</li><li>- Privileges were unit-specific and appropriate for assigned mission</li><li>- AF Form 22, Clinical Privileges Evaluation Summary, contained summarized data collected for performance based privileging for biennial reappointment</li><li>- Biennial review procedures included updates to AF Form 4318, Clinical Privileges – Air Reserve Component (UTA); AF Form 1540, Application for Clinical Privileges; AF Form 1540A, Application for Clinical Privileges Update; and AF Form 1541, Credentials Continuing Health Education Training Record; and review of the PCF by the affected provider</li><li>- Interfacility Credentials Transfer Brief (ICTB) and privilege lists were used to provide privileging information for temporarily assigned duties at AD MTFs or during deployments<ul style="list-style-type: none"><li>-- AF Forms 1562, Credentials Evaluation of Health Care Practitioners, and/or AF Forms 22 were completed by the clinical supervisor during annual tour or other tours of duty and returned to the parent unit</li></ul></li><li>- Host MTF's commander awarded Unit Training Assembly privileges to AFRC providers assigned to collocated reserve medical units</li><li>- Temporary privileges were not awarded except on an emergency basis to meet a pressing patient need</li></ul>
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<b>Scoring</b>	4: Meets criteria. Programs are efficiently managed and comply with applicable directives.
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- 3: Minor deficiency. Minor program deficiencies exist, but are unlikely to compromise mission accomplishment.
- 2: Major deficiency. Does not meet some mission requirements. Programs are not effectively managed. Major program deficiencies exist that may significantly impede or limit mission accomplishment.
- 1: Critical deficiency. Does not meet minimum mission requirements. Programs are not adequately managed. Critical program deficiencies exist that may preclude or seriously limit mission accomplishment.
- 0: Program failure. Does not comply with standards. Programs do not meet the minimum provisions of the element. Adverse mission impact had occurred or was highly likely to occur.

NA: Not scored.

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**Protocol**

P-16 is the pertinent protocol for this element.

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**Inspector  
Contact**

For assistance interpreting this element, please call DSN 246-2426 and request an Air Reserve Component MSC inspector.

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**Reference(s)**

- AFI 44-119, Clinical Performance Improvement, 4 Jun 01

## Element IGO.2.3.8 (formerly IGO.2.3.9)

### Abeyance, Inquiry/Investigation and Adverse Actions

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#### Evaluation Criteria

- Abeyance was timely and properly used to evaluate providers whose professional conduct, practice or health warranted review with temporary removal from patient care, but not summary suspension
  - Processes existed to gather information for the objective evaluation of providers whose professional conduct, practice and/or health were suspect
    - Documentation provided an audit trail and confirmed due process was followed when inquiries or investigations were conducted
  - Adverse actions included suspension, restriction, limitation or revocation of privileges
    - Actions were appropriately applied
    - Duration was within guidelines
    - Appropriate coordination done (Staff Judge Advocate, MAJCOM/SG, etc.), and notification to higher headquarters made per directives
    - Documentation was present, as required, per directives
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#### Scoring

- 4: Meets criteria. Programs are efficiently managed and comply with applicable directives.
- 3: Minor deficiency. Minor program deficiencies exist, but are unlikely to compromise mission accomplishment. Examples include, but are not limited to:
  - Minor lapses in timeliness, documentation or processes occurred
- 2: Major deficiency. Does not meet some mission requirements. Programs are not effectively managed. Major program deficiencies exist that may significantly impede or limit mission accomplishment. Examples include, but are not limited to:
  - Delays or significant documentation lapses occurred, but not to the extent that due process was compromised
- 1: Critical deficiency. Does not meet minimum mission requirements. Programs are not adequately managed. Critical program deficiencies exist that may preclude or seriously limit mission accomplishment. Examples include, but are not limited to:
  - Abeyance, inquiry/investigation or adverse actions performed improperly, poorly documented, substantially delayed or subsequent actions taken were faulty to the extent that due process was potentially compromised or potential existed for a negative patient care outcome
- 0: Program failure. Does not comply with standards. Programs do not meet the minimum provisions of the element. Adverse mission impact had

occurred or was highly likely to occur. Examples include, but are not limited to:

- Abeyance, inquiry/investigation or adverse actions were not used when suitable, not documented or so untimely as to violate due process, exposed patients to known risk or created high potential for medicolegal liability

NA: Not scored.

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**Protocol**

P-16 is the pertinent protocol for this element.

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**Inspector  
Contact**

For assistance interpreting this element, please call DSN 246-2426 and request an Air Reserve Component MSC inspector.

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**Reference(s)**

- AFI 44-119, Clinical Performance Improvement, 4 Jun 01